

10719450

Deposit Account Maintenance

Deposit Account Window Help



Deposit Account

Number: 500311

Balance Amount: 4.42

Holder

Name: MINTZ LEVIN COHN FERRIS GLOVSKY & POPEO PC



Address

Attention: SUSANNE GALLAGHER

Street: ONE FINANCIAL CENTER

Province:

City: BOSTON

State:

MA

Postal Code: 02111

Country:

US

Telephone:

617-542-6000

Fax: 617-542-2241

Details

Category Code: NONGOVNMNT

Type: REGULAR

Notification Amt:

0.00

Status

Access Code:

0999

Active

Closed

BHABTEW

08/13/2004

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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 10719450

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
	Sm. Entity	Lg. Entity					
Basic Filing Fee	<u>201/101</u>					=	<u>770</u>
Total Claims >20	<u>203/103</u>	<u>82</u>	-20 =	<u>62</u>	X		<u>1116</u>
Independent Claims >3	<u>202/102</u>	<u>5</u>	-3 =	<u>2</u>	X		<u>172</u>
Mult. Dep Claim Present	<u>204/104</u>					=	<u>290</u>
Surcharge	<u>205/105</u>					=	<u>130</u>
English Translation	<u>139</u>						

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = \$ 2478

Less Filing Fees Submitted - \$ 2008

BALANCE DUE = \$ (470)

Office of Initial Patent Examination